N	AISS(ION OF HEA	EIII — JIAN						マニハウム	
					: HEALTH AND WE	ILPARE 27	-i Banistratio	- District No. 3	OO5Registre		9	STATE PILE I	
DO NOT WRITE ON THIS STUB	WRITE AMENDED STUB				_		rimary kegisirano	n District No	Kedisus	ir i No	<u> </u>	<u> </u>	<u>5/</u>
VS 300				, 1	PLACE OF DEATH	tes			2. USUAL E a. STATE	Missour	5 ·		Residence before admission)
Rev. 4/59	AMENDED			-		rporate limits, give TOV	(NSHIP only)	Length of stay is	n lb c. CITY OR	MISSOUL		aues	Inside Limits
_	N ME				TÖŴN Butle	er		16 Da			•		Yes 🗆 No 🗆
10071	յ կալ			l —	c. FULL NAME OF (If I	NOT in hospital, give to	cation)	Inside Lin	II ADDRE		(If outside, s	give (ocation)	Reside on Ferm
20070	<u> </u>	1	1 1	۱ <u> </u>	HOSPITAL OR INSTITUTION B	ates Co.Me	m.Hosp.	Yes 5 N	• 🛘 📗		Boone '	Twp.	Yes No 🗆
3				3	. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF	Mor	nth Day	Year
				l		Inez	Lec		Mudd	DEATH	<u> </u>		
	 			5	. SEX	6. COLOR OR RACE	7. Married Widowed	Mever Marrie ☐ Divorce	. . .		last birthday)	Months Days	R IF UNDER 24 HR Hours Min.
5	{				Female	White		BUSINESS OR IND	_ /~ 1/-	-92 v PLACE (City and sta	71	<u> </u>	WHAT COUNTRY
6	જ			l '`	during most of working	ng life, even if retired)	100: Kill O.	overvess on me				11.0	A
7 1	<u> </u>			13	HOUSE	wile	136. /	MOTHER'S MAIDEN	Miami NAME		ASAS.	HUSBAND OR WIF	<u> </u>
'	501101		1 1		Charles H	larner] ,	lice M.	Balgum	l :	Honest	A.Mudd	_
* 2	AS				. WAS DECEASED EVER	R IN U.S. ARMED FORCE	S? 16.	SOCIAL SECURITY I	NO. 17. INFORM	ANT		Address	
	194		11.	(1	es, no, or unknown) (If s	yes, give war or dates	of Mervice)	••	Hones	st A. Mud	d.Adri	an.Mo.	
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<u> 957x</u>	ARE		Z		18. CAUSE OF DEATH PART I.	(Enter only one cause of DEATH WAS CAUSED					•		NTERVAL BETWEEN
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STATEMENT BY LICENSED EMBALMED

I hereby certify that the body wh	nose name is recorded on the reve	erse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under my personal supervision.	,	
Student		Selande DS'
Signature of Student Embalm	er	,
	•	Licensed Embalmer No. 3650
		P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Demit sand 10-17-25 4/4